



STATE OF ARIZONA  
DEPARTMENT OF JUVENILE CORRECTIONS  
1624 W. Adams, Phoenix, AZ 85007  
NOTICE OF REQUEST FOR QUOTATION



RFQ# J08012 DUE DATE 10/26/07 TIME: 3:00 pm MST

The terms and conditions on Page 2 of this form should be reviewed and understood before preparing a quotation. The quotation shall be the best net price, **FOB destination, inside delivery, to include delivery charges.** Delivery schedule and discount for early payment shall be indicated in the spaces provided below. **Return the quotation by the above time and date via fax to (602) 542-4992** and mail the signed original to **Arizona Department of Juvenile Corrections, Attn: Hannah E. Lucas, RFQ#J08012, 1624 W. Adams, Phoenix, AZ 85007.**

**DELIVERY LOCATION:** Arizona Department of Juvenile Corrections, 1624 W. Adams, Phoenix, AZ 85007

**SERVICE:** Educational Consultant

**SCOPE OF WORK:** See page 2 for a detailed Scope of Work

**PRICE:** \$ \_\_\_\_\_ Per Hour

**PAYMENT TERMS:** \_\_\_\_\_

**EARLIEST DATE AVAILABLE:<sup>1</sup>** \_\_\_\_\_

<sup>1</sup>Contract award is anticipated no later than October 31, 2007 with service provision beginning immediately.

**SUBMITTAL REQUIREMENTS:** Offerors should complete this page; answer all questions on the attached Questionnaire; complete the attached State of Arizona Substitute W-9; and return the entire document to the address indicated above by the noted due date and time.

**All questions regarding this Request for Quotation are to be directed to Hannah E. Lucas at 602-542-6677.**

By submitting a quote, in response to this Solicitation, and in accordance with Executive Order 2004-29, I certify that this company is a small business as identified on Page 2, #14.

Signature \_\_\_\_\_ Printed Name \_\_\_\_\_ Title \_\_\_\_\_

Tax License #/Federal Employee Identification # \_\_\_\_\_ Company Website \_\_\_\_\_ Contact Website \_\_\_\_\_

Company Name \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

Additionally, please identify if you are a: ☐ Women-Owned ☐ Minority Owned business (51% of the organization is controlled by a recognized Woman or minority group). If minority owned business, identify minority: \_\_\_\_\_

Your offer is hereby accepted and awarded this \_\_\_\_\_ day of \_\_\_\_\_, 2007.  
Procurement Administrator \_\_\_\_\_ Contract Number \_\_\_\_\_

## **SCOPE OF WORK**

### **RFQ J08012**

- 1, DESCRIPTION: The Arizona Department of Juvenile Corrections (Department) is requesting quotes to procure services from a qualified Contractor to assist the Department's Educational Program in assessing/improving program compliance and in seeking supplemental funding for varying educational programs. Services are estimated at 20-40 hours per week and will continue as required by the Department, not exceed June 30, 2008.
2. THE CONTRACTOR SHALL:
  - 2.1 Assist the Department in implementing standards-based instruction, assessment and materials – including training for teachers about how this is accomplished and assistance in the development of standards-based tools (curriculum guides, formative assessments, tracking procedures, etc.)
  - 2.2 Assist the Department in the coordination of multiple vocational and educational grants; completing grant applications; and preparing on-line reports.
  - 2.3 Prior to the performance of any work, consult with, and receive approval from the Superintendent of Schools regarding work performed, data sources, estimated cost and time lines. Recommended changes to any of the above shall be approved by the Superintendent of Schools before implementation.
3. QUALIFICATIONS. Staff assigned to this project shall possess the following:
  - 3.1 A working knowledge of federal and state education and vocational grants available to Arizona school districts.
  - 3.2 A working knowledge of carryover funds and how to integrate them into existing fiscal year budgets.
  - 3.3 Experience with:
    - 3.3.1 Standards-based instruction, assessment and materials;
    - 3.3.2 Negotiating educational websites for program requirements, program contacts, district and school data, compliance issues and mandatory reporting.
    - 3.3.3 Coordinating multiple grants and completing grant applications and completion reports on-line.
  - 3.4 Knowledge of critical issues that affect program decisions
  - 3.5 Minimum five (5) years experience coordinating federal and state programs for a school district.
4. THE DEPARTMENT SHALL:
  - 4.1 Provide the Contractor with guidance and decisions on project scope and completion.
  - 4.2 Provide space, when needed.

## INSTRUCTIONS TO OFFERORS AND TERMS AND CONDITIONS

### RFQ #J08012

1. **SUBMISSION.** **Page 1 of this Request for Quotation** shall be **completed and signed** and returned to the Department's Procurement Office no later than the time indicated.
2. **OPENING.** This is an informal quotation which will not be read at a public opening; however, the information may be publicly reviewed after an award.
3. **STANDARD PROVISIONS.** The State of Arizona's Uniform Terms and Conditions, where applicable, are a part of this document as if fully set forth herein. Copies of these documents are available for review on the Enterprise Procurement Service Office web site [www.azspo.az.gov](http://www.azspo.az.gov).
4. **TAXES.** The State of Arizona is exempt from Federal Excise Tax, including Federal Transportation Tax. Sales Tax, if any, shall be indicated in the noted section on the quotation. Identify the tax percent on the line provided. If applicable taxes are not described and itemized on the quote, the State will assume that the price(s) offered includes all applicable taxes.
5. **OFFER REJECTION.** The State reserves the right to reject any, or all, bids, combinations of items, or lot, and to waive defects or informalities.
6. **OFFER ACCEPTANCE PERIOD.** An Offeror submitting a quote in response to this solicitation shall hold its Offer open for 60 days from the due date stated in this solicitation.
7. **BRAND NAMES.** Any manufacturer's names, trade names, brand names or catalog numbers used in the specifications are for the purpose of describing and establishing the general quality level, design and performance desired. Such references are not intended to limit or restrict bidding by other vendors but are intended to approximate the quality design or performance which is desired. Any bid which proposes like quality, design or performance will be considered. If the description of your offer differs in any way, you must give a complete detailed description of your quotation including pictures and literature where applicable. Unless a specific exception is made, the assumption will be that you are bidding exactly as specified on the Request for Quotation.
8. **ERASURES.** Erasures, interlineations or other modifications must be initialed by the individual signing the Request for Quotation.
9. **UNIT PRICE.** Where applicable, in case of discrepancy between the unit price or rate and the extension of that unit price or rate, the unit price shall govern.
10. **PAYMENT.** The State will make every effort to process payment for the purchase of goods or services within 30 calendar days after receipt of goods or services and a correct notice of amount due, unless a good faith dispute exists as to any obligation to pay all or a portion of the account. Any bid that requires payment in less than 30 calendar days shall not be considered.
11. **PAYMENT DISCOUNT.** Payment discount periods will be computed from the date of receipt of materials or services or correct invoice, whichever is later, to the date State's warrant is mailed. Unless freight and other charges are itemized, any discount provided will be taken on full amount of invoice. Payment discounts of 30 calendar days or more will be deducted from the bid price in determining the low bid. However, the State shall be entitled to take advantage of any payment discount offered by the Vendor provided payment is made within the discount period.
12. **ARIZONA PROCUREMENT CODE.** The Arizona Procurement Code (A.R.S. Title 41, chapter 23) and its Rules and Regulations (A.A.C. Title 2, Chapter 7), are made a part of this document as if fully set forth herein. Note A.R.S. Title 41, Chapter 23 and A.A.C. Title 2, Chapter 7 are available for review on the Arizona Enterprise Procurement Service Office web site provided above in Item 3.
13. **AMERICANS WITH DISABILITIES ACT.** People with disabilities may request special accommodations such as interpreters, alternative formats, or assistance with physical accessibility; requests for special accommodations must be made with 72 hours prior notice. A person requiring special accommodations may contact the Solicitation Contact Person identified on the first page of this Solicitation.
14. **SMALL BUSINESS SET ASIDE.** In accordance with A.R.S § 41-2535 this purchase is restricted to small businesses. As defined by A.A.C. R2-7-101(46), a small business is for-profit or not-for-profit organization, including its affiliates, with fewer than 100 full-time employees or gross annual receipts of less than \$4 million for the last complete fiscal year. By submitting a quote in response to this Solicitation, an Offeror certifies that it is a small business as defined above.
15. **FEDERAL IMMIGRATION LAWS, COMPLIANCE BY STATE CONTRACTORS.** By signing the Offer, the Offeror warrants that it and all proposed subcontractors are in compliance with Federal Immigration and Nationality Act (FINA) and all other Federal immigration laws and regulations related to the immigration status of its employees. The Offeror shall obtain statements from all proposed subcontractors certifying compliance with this requirement and shall furnish the statements to the Procurement Officer upon request.

## INSTRUCTIONS TO OFFERORS AND TERMS AND CONDITIONS

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16. OFFSHORE PERFORMANCE OF WORK PROHIBITED. Due to security and identity protection concerns, all services under this Contract shall be performed within the borders of the United States. Any services that are described in the specifications or score of work that directly serve the State of Arizona or its clients and may involve access to secure or sensitive data or personal client data or development or modification of software for the State, shall be performed within the borders of the United States. Unless specifically stated otherwise in the specifications, this definition does not apply to indirect or "overhead" services, redundant back-up services or services that are incidental to the performance of the contract. This provision applies to work performed by subcontractors at all tiers. Offerors shall declare all anticipated offshore services in the Offer.
17. SOLICITATION AMENDMENTS: The Department is unable to determine what Offerors will be bidding on this solicitation; therefore, prior to Offerors submitting their quote, the Offeror should call the Contract Officer to determine if there are any amendments to this solicitation.
18. CONTRABAND. As defined by A.R.S. § 13-2501, "contraband" means any dangerous drug, narcotic drug, intoxicating liquor of any kind, deadly weapon, dangerous instrument, explosive or any other article whose use or possession would endanger the safety, security, or preservation of order in a correctional institution or any person therein. (Any other article includes any substance which could cause abnormal behavior, i.e. marijuana, non-prescription medication, etc.) Any person who takes into or out of, or attempts to take into or out of, a correctional facility or the grounds belonging to or adjacent to a correctional facility, any item not specifically authorized by the correctional facility shall be prosecuted under the provisions of the A.R.S. § 13-2514, et. seq. All persons, including employees and visitors, entering upon these confines are subject to routine searches of their person, vehicles, property or packages.
19. TOBACCO FREE FACILITY
- 19.1 The Department is dedicated to providing a health and productive work environment for our employees and youth. Due to the hazards of smoking and exposure to second hand smoke and state law prohibiting tobacco use at safe school sites (secure facilities), the Department shall protect our employees and youth from the dangers of smoking in compliance to ARS § 36-601.01, 02.
- 19.2 All Department Contractors, sub-contractors and vendors shall not have tobacco products inside Department secure facilities. All Department Contractors, sub-contractors and vendors shall not use tobacco products on or about Department secure facility properties which include the parking lots. Tobacco products include:
- 19.2.1 Cigarettes;
- 19.2.2 Cigars;
- 19.2.3 Smokeless tobacco;
- 19.2.4 Chewing tobacco;
- 19.2.5 Snuff.
20. INDEMNIFICATION. The Contractor agrees to indemnify, defend, save and hold harmless the State of Arizona, and their respective directors, officers, officials, agents and employees (hereinafter referred to as "Indemnitee") from and against any and all claims, actions, liabilities, costs, losses, or expenses, including reasonable attorney's fees, (hereinafter collectively referred to as "Claims") arising out of actual or alleged bodily injury or personal injury of any person (including death) or loss or damage to tangible or intangible property caused, or alleged to be caused, in whole or in part, by the negligent or willful acts or omissions of Contractor or any of Contractor's directors, officers, agents, employees, volunteers or subcontractors. This indemnity includes any claim or amount arising or recovered under the Workers' Compensation Law or arising out of the failure of Contractor to conform to any federal, state or local law, statute, ordinance, rule, regulation or court decree. It is the specific intention of the parties that the Indemnitee shall, in all instances, except for Claims arising solely from the negligent or willful acts or omissions of the Indemnitee, be indemnified by Contractor from and against any and all Claims. It is agreed that Contractor will be responsible for primary loss investigation, defense and judgment costs where this indemnification is applicable. This indemnity shall not apply if the Contractor or subcontractor(s) is/are an agency, board, commission or university of the State of Arizona.
21. INSURANCE REQUIREMENTS
- 21.1 The Contractor shall procure and maintain, until all of their obligations, including any warranty periods under this Contract, are satisfied, insurance against claims for injury to persons or damage to property which may arise from or in connection with the purchase and or use of the commodity.
- 21.2 The insurance requirements herein are minimum requirements for this Contract and in no way limit the indemnity covenants contained in this Contract. The State of Arizona in no way warrants that the minimum limits contained herein are sufficient to protect the Vendor from liabilities that might arise out of the purchase and use of the commodities sold under this Contract by the Contractor, his agents, representatives, employees or subcontractors and Contractor is free to purchase such additional insurance as may be determined necessary.
- 21.3 **Minimum Scope and Limits of Insurance.** The Contractor shall provide coverage at least as broad and with limits of liability not less than those stated below.
- 21.3.1 Commercial General Liability – Occurrence Form. The policy shall include bodily injury, property damage, personal injury and broad form contractual liability.

# INSTRUCTIONS TO OFFERORS AND TERMS AND CONDITIONS

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- |            |   |             |
|------------|---|-------------|
| 21.3.1.1   | General Aggregate   | \$1,000,000 |
| 21.3.1.2   | Products – Completed Operations Aggregate   | \$ 500,000  |
| 21.3.1.3   | Personal and Advertising Injury   | \$ 500,000  |
| 21.3.1.4   | Fire Legal Liability  | \$ 25,000   |
| 21.3.1.5   | Blanket Contractual Liability – Written and Oral  | \$ 500,000  |
| 21.3.1.6   | Each Occurrence   | \$ 500,000  |
| 21.3.2     | <u>Automobile Liability.</u> Bodily Injury and Property Damage for any owned, hired, and/or non-owned vehicles used in the performance of this Contract.  |             |
| 21.3.2.1   | Combined Single Limit (CSL)   | \$ 500,000  |
| 21.3.2.2   | The policy shall be endorsed to include the following additional insured language: "The State of Arizona, its departments, agencies, boards, commissions, universities and its officers, officials, agents, and employees shall be named as additional insureds with respect to liability arising out of the activities performed by or on behalf of the Contractor, involving automobiles owned, leased, hired or borrowed by the Contractor."           |             |
| 21.3.3     | <u>Worker's Compensation and Employers' Liability</u>   |             |
| 21.3.3.1   | Workers' Compensation   | Statutory   |
| 21.3.3.2   | Employers' Liability  |             |
| 21.3.3.2.1 | Each Accident\$ 100,000   |             |
| 21.3.3.2.2 | Disease – Each Employee   | \$ 100,000  |
| 21.3.3.2.3 | Disease – Policy Limit  | \$ 100,000  |
| 21.3.3.3   | The policy shall contain a waiver of subrogation against the State of Arizona, its departments, agencies, boards, commissions, universities and its officers, officials, agents, and employees for losses arising from work performed by or on behalf of the Contractor.  |             |
| 21.3.3.4   | This requirement shall not apply to: Separately, EACH Contractor or subcontractor exempt under A.R.S. 23-901, AND when such Contractor or subcontractor executes the appropriate waiver (Sole Proprietor/Independent Contractor) form.  |             |
| 21.4       | <u>Additional Insurance Requirements.</u> The policies are to contain, or be endorsed to contain, the following provisions:   |             |
| 21.4.1     | The State of Arizona, its departments, agencies, boards, commissions, universities and its officers, officials, agents, and employees wherever additional insured status is required such additional insured shall be covered to the full limits of liability purchased by the Contractor, even if those limits of liability are in excess of those required by this Contract.  |             |
| 21.4.2     | The Contractor's insurance coverage shall be primary insurance with respect to all other available sources.   |             |
| 21.4.3     | Coverage provided by the Contractor shall not be limited to the liability assumed under the indemnification provisions of this Contract.  |             |
| 21.5       | <u>Notice of Cancellation.</u> Each insurance policy required by the insurance provisions of this Contract shall not be suspended, voided, cancelled, reduced in coverage or in limits except after thirty (30) days prior written notice has been given to the State of Arizona. Such notice shall be sent directly to the Arizona Department of Juvenile Corrections, Procurement Office and shall be sent by certified mail, return receipt requested. |             |
| 21.6       | <u>Acceptability of Insurers.</u> Insurance is to be placed with duly licensed or approved non-admitted insurers in the State of Arizona with an "A.M. Best" rating of not less than A- VII. The State of Arizona in no way warrants that the above-required minimum insurer rating is sufficient to protect the Contractor from potential insurer insolvency.  |             |
| 21.7       | <u>Verification of Coverage.</u> The Contractor shall furnish the State of Arizona with certificates of insurance (ACORD form or equivalent approved by the State of Arizona) as required by this Contract. The certificates for each insurance policy are to be signed by a person authorized by that insurer to bind coverage on its behalf.  |             |
| 21.7.1     | All certificates and endorsements are to be received and approved by the State of Arizona before work commences. Each insurance policy required by this Contract must be in effect at or prior to commencement of work under this Contract and remain in effect for the duration of the project. Failure to maintain the insurance policies as required by this Contract, or to provide evidence of renewal, is a material breach of contract.            |             |
| 21.7.2     | All certificates required by this Contract shall be sent directly to the Arizona Department of Juvenile Corrections, Procurement Office. The State of Arizona contract number and contract description are to be noted on the certificate of insurance. The State of Arizona reserves the right to require complete, certified copies of all insurance policies required by this Contract at any time.  |             |
| 21.8       | <u>Approval.</u> Any modification or variation from the insurance requirements in this Contract must have prior approval from the State of Arizona Department of Administration, Risk Management Section, whose decision shall be final. Such action will not require a formal contract amendment, but may be made by administrative action.  |             |
| 21.9       | <u>Exceptions.</u> In the event the Contractor or subcontractor(s) is/are a public entity, then the Insurance Requirements shall not apply. Such public entity shall provide a Certificate of Self-Insurance. If the Contractor or subcontractor(s) is/are a State of Arizona agency, board, commission, or university then none of the above shall apply.  |             |

## QUESTIONNAIRE

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The Offeror shall prepare a written response to all questions listed below. If the space provided is not adequate, please prepare your responses on plain white paper, restating the question.

1. Provide examples below of the types of federal and state educational and vocational grants you have secured for Arizona school districts.

2. Describe your experience with:

- 2.1 Standards-based instruction, assessment and materials:

- 2.2 Negotiating educational websites for program requirements, program contacts, district and school data, compliance issues and mandatory reporting:

## QUESTIONNAIRE

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2.3 Coordinating multiple grants and completing grant applications and reports on-line.

3. Provide examples of the critical issues surrounding program decisions that you have resolved.

4. Outline your experience coordinating federal and state programs for a school district (include time frames).





## State of Arizona Substitute W-9 & Vendor Authorization Form



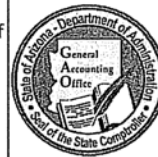
**Purpose:** Establish or update a vendor account with the State of Arizona. This form meets the Federal requirements to request a taxpayer identification number (TIN), request certain certifications and claims for exemption, as well as the State of Arizona requirements for vendor establishment.

**Instructions:** Complete form if

1. You are a U.S. person (including a resident alien);
2. You are a vendor that provides goods or services to an Arizona state agency; **AND**
3. You will receive payment from the State of Arizona.

Return completed form to the state agency with whom you do business, for review and authorization.

Refer to State of Arizona Substitute W-9 Instructions and IRS W-9 Instructions for details on completing this form.



☐ **Social Security Number (SSN)**  **OR Employer Identification Number (EIN)**

☐ **Entity Type** Must select one of the following (Coding (X#) is for internal purposes only)

- |  |  |
|--|--|
| <input type="radio"/> Individual/Sole Proprietor or Sole Proprietor organized as LLC, PLLC (6I)<br><input type="radio"/> Corporation NOT providing health care, medical or legal services (5A)<br><input type="radio"/> Corporation providing health care, medical or legal services (5M)<br><input type="radio"/> Partnership, LLP or Partnership organized as LLC or PLLC (5C)<br><input type="radio"/> An international organization or any of its agencies/instrumentalities (5U)<br><input type="radio"/> The US or any of its political subdivisions or instrumentalities (2G) | <input type="radio"/> State of Arizona employee (1E) <b>HRIS EIN</b> <input type="text"/><br><input type="radio"/> LLC, PLLC organized as corporation NOT providing health care, medical or legal services (5A)<br><input type="radio"/> LLC, PLLC organized as corporation providing health care, medical or legal services (5M)<br><input type="radio"/> A state, a possession of the US, or any of their political subdivisions or instrumentalities (4G)<br><input type="radio"/> Other: Tax Reportable Entity (5P) <b>Description</b> <input type="text"/><br><input type="radio"/> Other: Tax Exempt Entity (5H) |
|--|--|

☐ **Name** (First, Middle, Last)

☐ **Business Name**

☐ **Main Address** Where tax information and general correspondence is to be mailed

Address

City  State  Zip code

☐ **Remittance Address** Where payment is to be mailed ☐ Same as Main

DBA/Branch/Location

Address

City  State  Zip code

☐ **Vendor Contact Information**

Name

Title  Phone #  Ext.

Email  Fax

☐ **Minority Business Indicator** Must select one of the following (Coding (X#) is for internal purposes only)

- ☐ Small Business (01)
- ☐ Small Business- African American (23)
- ☐ Small Business- Asian (24)
- ☐ Small Business- Hispanic (25)
- ☐ Small Business- Native American (27)
- ☐ Small Business- Other Minority (05)
- ☐ Small, Woman Owned Business (06)
- ☐ Small, Woman Owned Business- African American (29)
- ☐ Small, Woman Owned Business- Asian (30)
- ☐ Small, Woman Owned Business- Hispanic (31)
- ☐ Small, Woman Owned Business- Native American (33)
- ☐ Small, Woman Owned Business- Other Minority (11)
- ☐ Woman Owned Business (03)
- ☐ Woman Owned Business- African American (17)
- ☐ Woman Owned Business- Asian (18)
- ☐ Woman Owned Business- Hispanic (19)
- ☐ Woman Owned Business- Native American (21)
- ☐ Woman Owned Business- Other Minority (08)
- ☐ Minority Owned Business- African American (04)
- ☐ Minority Owned Business- Asian (32)
- ☐ Minority Owned Business- Hispanic (74)
- ☐ Minority Owned Business- Native American (15)
- ☐ Minority Owned Business- Other Minority (02)
- ☐ Non-Profit, IRC §501(c) (88)
- ☐ Non-Small, Non-Minority or Non-Woman Owned Business (00)
- ☐ Individual, Non-Business (00)

☐ **Certification**

Under Penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me) AND
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding AND
3. I am a U.S. person (including U.S. resident alien).

Certification instructions: You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN.

The Internal Revenue Service does not require your consent to any provision of this document other than the certification required to avoid backup withholding.

☐ **Exempt from backup withholding**

Signature  Title  Date

STATE OF ARIZONA **AGENCY USE ONLY**

**VENDOR: DO NOT WRITE BELOW THIS LINE**

Agency Authorization: Print Name  Signature  Title

AGY  Phone #  Email  Date

STATE OF ARIZONA **GAO USE ONLY**

**VENDOR & STATE AGENCY: DO NOT WRITE BELOW THIS LINE**

☐ IRS TIN Matching ☐ Corporation Commission ☐ HRIS Vendor Number  Processed by  Date Processed

GAO-W-9 Revised 05/29/07 ☐ GAO-03 ☐ Other

## Instructions for the State of Arizona Substitute W-9 & Vendor Authorization Form

### General instructions:

1. It is recommended that the vendor complete form GAO-W-9 online.
2. Vendor must type or legibly print all 'Required' fields and submit to the State of Arizona agency they do business with for their review and authorization of the form.

### Specific instructions:

#### **Social Security Number (SSN) OR Employer Identification Number (EIN)**

Required. Enter your 9 digit Social Security Number (SSN) **OR** Employer Identification Number (EIN). This is your Taxpayer Identification Number (TIN) as assigned by the Internal Revenue Service (IRS) or Social Security Administration (SSA). If completing online, enter 9 numeric characters **ONLY**, do not enter any dashes or other special characters.

#### **Entity Type**

Required. Select the type of entity for the TIN given. Only one selection can be made. If State of Arizona employee is selected, you must provide your State of Arizona Human Resources Information Solution (HRIS) Employee Identification Number (EIN). Board Members should select State of Arizona employee only if they have a State of Arizona HRIS EIN, otherwise select Individual/Sole Proprietor. If "Other" is selected, please provide a Description for your business.

#### **Name First, Middle, Last**

Required if SSN is provided and required if EIN is provided and you are a sole proprietor or single member LLC (Refer IRS W-9 instructions). Enter the name corresponding to the TIN given. Name must be as registered with the Internal Revenue Service (IRS) **OR** Social Security Administration (SSA).

#### **Business Name**

Required if TIN provided or if a SSN was provided and you are a sole proprietor. Enter the name or DBA name corresponding to the TIN given. Name must be as registered with the Internal Revenue Service (IRS).

**Main Address**-Required and **Remittance Address**-Optional Check 'Same as Main' if the Remit to Address is the same as the Main Address entered.

#### **Doing Business As (DBA)\Branch\Location**

Optional. For the remittance address, enter a DBA, branch name or location, if applicable. Also enter any continuation of the Name or Business Name if needed.

#### **Address**

Required. Enter under the 'Main Address' an address where tax information and general correspondence is to be mailed. Enter under Remittance Address an address where payments should be made. Foreign addresses should enter full address here.

#### **City**

Required. Enter your city.

#### **State**

Required. Select your state from the drop-down list. If you are using an address outside of the U.S., select XX-Foreign address.

#### **Zip code**

Required. Enter your 5 digit zip code. A 4 digit add on is optional. If completing online, do not enter a dash. If foreign address, do not complete field and enter full address in the address line.

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## Instructions for the State of Arizona Substitute W-9 & Vendor Authorization Form

### Contact Information-Required

**Name**

Required. Enter contact name. The person indicated will be contacted for payment related questions or issues.

**Title**

Optional. If the form is completed on behalf of a business, please enter your title.

**Phone#**

Required. Enter the contact's phone number including area code. If competing online, enter 9 numeric characters ONLY, do not enter any dashes, parenthesis or other special characters.

**EXT**

Optional. Enter the contact's phone number extension, if applicable.

**email**

Optional. Enter the contact's email address. Must be in the format: email@address.com.

**Fax**

Optional. Enter the contact's fax number. If completing online, enter 9 numeric characters ONLY, do not enter any dashes, parenthesis or other special characters.

### Minority Business Indicator

Required. Select the most detailed description for your business. Only one selection can be made. If none apply, select the second from last description of Non-small, Non-Minority or Non-Women Owned Business (00). For non-businesses, please select the last option of Individual, Non-Business (00).

To be classified as a Small, Minority, Women-owned, or Disadvantaged Business Enterprises, a company must meet all qualifying standards and be at least 51 percent owned, operated, and controlled by the qualifying person or persons. For additional information and definitions, refer to the following web site: [www.azcommerce.com/BusAsst/SmallBiz/To+be+certified.htm](http://www.azcommerce.com/BusAsst/SmallBiz/To+be+certified.htm)

### Certification

**Exempt from backup withholding**

Optional. Check box if you are exempt from backup withholding (Individuals and sole proprietors are not exempt from backup withholding. Corporations are exempt from backup withholding for certain types of payments). Refer to IRS W-9 instructions for additional information.

**Signature**

Required. Signature should be provided by the individual, owner, officer, legal representative, or other authorized person of the entity listed on the form. Certain exceptions to the signature requirement are listed in the IRS instructions for form W-9.

**Title**

Required. Enter the title of the person who signed/certified the form.

**Current Date**

Required. This field will default to the current date if form is completed electronically.

**Do not complete any remaining fields; they are reserved for use by the State of Arizona.**

### Additional Information

For additional information concerning certification requirements for the substitute W-9 form, refer to the instructions for the Internal Revenue Service form W-9 at: [www.irs.gov](http://www.irs.gov).